

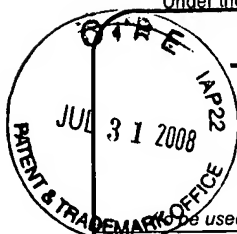
08-04-08

FW

PTO/SB/21 (01-08)

Approved for use through 07/31/2008. OMB 0651-0031  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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# TRANSMITTAL FORM

Be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/714,511
Filing Date	November 14, 2003
First Named Inventor	William W. ALSTON
Art Unit	3771
Examiner Name	Annette Fredricka DIXON
Attorney Docket Number	0175.00

## ENCLOSURES (Check all that apply)

- |   |  |   |
|---|--|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input checked="" type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Reply to Missing Parts/Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br><input type="checkbox"/> Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br>PTO/SB/08 A; 4 Cited References; and Return Receipt Postcard |
|---|--|---|

Remarks

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	NEKTAR THERAPEUTICS		
Signature			
Printed name	Michael J. Mazza		
Date	7/31/08	Reg. No.	30,775

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name	Anna Tran	Date	JULY 31, 2008

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PATENT

Attorney Docket No. 0175.00

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of:	)	
	)	
William W. ALSTON, et al.	)	
	)	Examiner: Annette Fredricka DIXON
Serial No.: 10/714,511	)	
	)	Group Art Unit: 3771
Filed: November 14, 2003	)	
	)	Confirmation No.: 9835
Title: AEROSOLIZATION APPARATUS WITH	)	
NON-CIRCULAR AEROSOLIZATION	)	
CHAMBER	)	

**SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT**  
**UNDER 37 CFR §1.56, §1.97 and §1.98**

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

Dear Sir/Madam:

The references listed in the attached Forms PTO/SB/08A may be material to examination of the above-identified patent application. Applicants submit these references in compliance with their duty of disclosure pursuant to 37 CFR §§1.56, 1.97, and 1.98. The Examiner is requested to make these citations of official record in this application.

This Information Disclosure Statement is not to be construed as a representation that a search has been made, that additional information material to the examination of this application does not exist, or that these references indeed constitute prior art.

In compliance with 37 CFR §§1.98 (a) (2) enclosed are copies of: (i) Each foreign patent; (ii) Each publication or that portion which caused it to be listed, other than U.S. patents and U.S. patent application publications unless required by the Office.

08/04/2008 HVUONG1 00000088 500348 10714511

01 FC:1806 180.00 DA

This Information Disclosure Statement is being timely filed under 37 CFR §§1.97 and is being filed:

- ☒ more than three months from the filing date of an application and after the mailing date of a first Office action on the merits, but before the mailing date of either a final action under section 1.113 or a notice of allowance under section 1.311 (whichever occurs first), and is accompanied by:
- ☒ the fee set forth in 37 CFR 1.17(p) for submission of an information disclosure statement under §1.97(c) (\$180.00).
- ☒ Please charge the amount of \$180.00 to Deposit Account 50-0348. If it is determined that any additional fees are due, the Commissioner is hereby authorized to charge such fees to Deposit Account 50-0348.

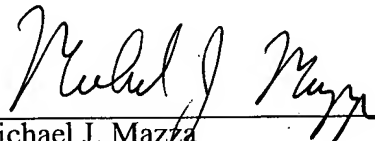
Respectfully submitted,

NEKTAR THERAPEUTICS

Date:

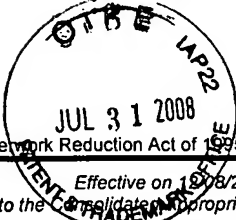
7/31/06

By:

  
Michael J. Mazza  
Reg. No. 30,775

**CORRESPONDENCE ADDRESS:**

**Customer Number: 21968**  
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San Carlos, CA 94070  
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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL**  
**For FY 2008**☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 180.00

**Complete if Known**

Application Number	10/714,511
Filing Date	November 14, 2003
First Named Inventor	William W. ALSTON
Examiner Name	Annette Fredricka DIXON
Art Unit	3771
Attorney Docket No.	0175.00

**METHOD OF PAYMENT (check all that apply)**☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_☒ Deposit Account Deposit Account Number: 50-0348 Deposit Account Name: NEKTAR THERAPEUTICS

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	

**2. EXCESS CLAIM FEES****Fee Description**

	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	210	105
Multiple dependent claims	370	185

<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
- 20 or HP =	x	=	

HP = highest number of total claims paid for, if greater than 20.

<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
- 3 or HP =	x	=	

HP = highest number of independent claims paid for, if greater than 3.

<b>Multiple Dependent Claims</b>	
<b>Fee (\$)</b> <b>Fee Paid (\$)</b>	

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
- 100 =	/ 50 =	(round up to a whole number) x	260.00	= 0.00

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Information Disclosure Statement 37 CFR 1.17(p) 180.00

**SUBMITTED BY**

Signature	<i>Michael J. Mazza</i>	Registration No. (Attorney/Agent)	30,775	Telephone	650-631-3100
Name (Print/Type)	Michael J. Mazza	Date	7/21/08		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**For FY 2008**☐ Applicant claims small entity status. See 37 CFR 1.27**Complete if Known**

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Attorney Docket No.	0175.00

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\_\_\_\_\_ - 20 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of total claims paid for, if greater than 20.

**Indep. Claims**      **Extra Claims**      **Fee (\$)**      **Fee Paid (\$)**

\_\_\_\_\_ - 3 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

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Fees Paid (\$)

180.00

**SUBMITTED BY**

Signature	<i>Michael J. Matza</i>	Registration No. (Attorney/Agent)	30,775	Telephone	650-631-3100
Name (Print/Type)	Michael J. Matza	Date	7/71/08		

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